

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.		DEP.		IND.			IND.		DEP.		IND.				
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TOTAL IND.	1			1			1			1			1			
TOTAL DEP.	16			16			16			16			16			
TOTAL CLAIMS	17			17			17			17			17			